



AED Initiative

FGM Awareness Workshop

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Funded by: Implemented by:

Portable Practical Education Preparation

Implemented by: **AED Initiative**

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1 Introduction

AED Initiative implemented 3 days FGM workshop in Mogadishu under the coordination and collaborative of the local communities involving FGM advocates and women group. The workshop session attended by 10 women selected from local regional district focused on FGM awareness and empowering community to promote awareness on FGM in Somalia. The three day workshop was a continuation of the similar in February which held in partnership with Portable Practical Education Preparation.

2 Workshop Objectives

The overall objective of the workshop was to promote awareness on FGM prevention, eradication and enabling the societies to understand about the effects of FGM practice

- To promote social awareness and enabling them to understand about the effects of girls circumcision
 - ✓ To educate the participants on prevention and stopping the practice
 - ✓ To share ideas, information and local knowledge
 - ✓ To support the communities and FGM advocates in the region for collective mobilization
 - ✓ To enhance introduce systematic awareness promotion method under which trained participants will be able to promote awareness among the societies

3 Procedure and process of the workshop

The following procedures was followed during the organizing and implementation of the workshop

- ✓ **Registration:** The selected participants registered in the attendance sheet throughout the three days
- ✓ **Introductions:** After the confirming that participants registered, each participated made summary of self introduction
- ✓ **Rules:** The participants contributed suggestion on the guidance and ground rules to be followed during the workshop
- ✓ **Workshop Norms/Regulations:** The points of do and doesn't rules that participants followed

- Participants should be punctual and keep time during the three sessions.
- Unnecessary noises would not be entertained during the workshop sessions.
- Participants should be free to share their experiences.
- Participants should respect each other's views, and ideas.
- Raise your hands if one wants to ask, answer or give feedback during the session.

✓ Participants Expectations

The following points were contributed by the participants when asked;

- To understand more about dangers of Female Genital Mutilation and other Gender based violence.
- To be able to mobilize community members about FGM practice.
- To gain skills and knowledge on advocacy and social change behavior.
- To discuss about ways of reducing and preventing the practice.

4 Methodologies

The facilitators of the workshop used training tools including the flip chart, board and the visual projector through which the participants follow the training sessions. Additional reading books in Somali language were distributed to the participants for better understanding of the issues been presented during the workshop. The participants were also engaged through the training in focus group discussion while the facilitators take photos of the participants.

5 Workshop Summary Activities

5.1 FGM: Traditional Cultural Practice

During the workshop activities, the participants were engaged to understand about the history of FGM and how FGM has been practiced in Somalia for any years. The implemented organization involved members of the local communities' shared brief information about matters, risk and effects of the FGM throughout.

Group Works: Examining which traditions in the community are Beneficial, Harmful and Neutral

| Beneficial | Harmful | Neutral |
|--|---|--|
| –Breast feeding – Women relieved of work after delivery. –Waqlal (slaughtering an animal for babies on the 7 th day of delivery. | – Lack of autonomy for women in seeking medical care (decision made only by men) – Food taboos for pregnant women and children – Early marriage and early child | – Wearing talisman – Putting a piece of thread on the babies' anterior fontanel to cure hiccups – Wearing charms to keep evil spirits away |

| | | |
|--|---|--|
| <ul style="list-style-type: none"> - Special care and nutritious diet for a newly delivered mother - Puberty rites (without FGM) which prepare adolescents for womanhood | <ul style="list-style-type: none"> bearing for girls - Force feeding for babies - Son preference - Priority of access for men and boys in the family to good food (mothers and daughters eat last) - Female genital mutilation | |
|--|---|--|

5.1.1 Definition

The term FGM is the abbreviation of the female genital mutilation which is commonly used throughout the history although the general societies understand in different ways and cultures. In accordance with the Somali traditional practice, female genital mutilation is the circumcision and removal of the external female genitalia or which practically injures the female organs and it causes the high risk of eradicating the female organs.

5.1.2 Origins of the FGM

- Most of the people believe the practice has been commonly practiced for many years
- Some believe that it is a traditionally a practice of the normal culture
- Some believe the practice developed independently among certain ethnic groups in sub Sahara Africa

5.1.3 Procedures

FGM is carried out using special knives, scissors, razors, or pieces of glass, The operation is usually performed by an elderly woman of the village specially designated this task, who may also be a traditional birth attendant (TBA),

| | |
|----------|---|
| Type I | Excision of the prepuce, with or without excision of part or all of the clitoris. |
| Type II | Excision of clitoris with partial or total excision of the labia minora |
| Type III | Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening |
| Type IV | (infibulation)- Pricking, piercing or incising of the clitoris and/or labia. Stretching the clitoris and/or labia. Cauterization by burning of the clitoris and surrounding tissue. Scraping of tissue surrounding the vaginal orifice (anguriya cuts) or cutting of the vagina (gishiri cuts). Introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening or |

| | |
|--|--|
| | narrowing it. Any other procedures that fall under the above definition. |
|--|--|

Training Exercise: Understanding participants taught about the FGM practice in Somalia

A list of value statements on FGM were prepared on a sheet. As the facilitator read the statement, each participants answer whether "AGREE or DISAGREE" is noted.

| Value statement | Agree | Disagree |
|--|-------|----------|
| FGM improves fertility. | 4 | 3 |
| FGM prevents maternal and infant mortality | 10 | 5 |
| FGM helps the genitalia to be clean. | 9 | 8 |
| FGM prevents the genitalia from growing | 4 | 8 |
| FGM is an essential part of culture. | 6 | 7 |
| FGM is performed to please husbands | 8 | 0 |
| FGM causes health, mental and sexual problems for girls and women | 5 | 2 |
| Type 1 FGM does not lead to any complications; it is therefore acceptable | 3 | 9 |
| Performing FGM in a hospital environment is more hygienic and less painful for the client. | 8 | 3 |
| Type IV FGM is harmless; people should be allowed to continue | 4 | 8 |
| FGM is a violation of human rights. | 6 | 4 |
| FGM is a religious obligation | 8 | 5 |

During the focus group discussion, participants shared the following ideas about their understanding of the FGM practice in Somalia

- ✓ That FGM is a cultural practice that is most common in Somalia
- ✓ That it is caused side effect during and after girls circumcision
- ✓ That the practice not only affects adult of young girls but also men and women of all ages

5.2 Hazards/Complications of FGM

Most of the participants had insufficient knowledge about the hazards and complication of the FGM practice and was highly important for them to learn and understand more about the issues surrounding FGM. The communities were able to understand that some health maternal complications in the community are as a result of the practice.

5.2.1 complication of FGM

| Physical | Psychological | Sexual |
|--|--|--|
| <ul style="list-style-type: none"> - Severe pain due to the operation being performed with crude instruments and without anesthetic. - Hemorrhage. Excision of the clitoris involves | <ul style="list-style-type: none"> - For some girls, mutilation is an occasion marked by fear, submission, inhibition and the suppression. - Some girls and women are ready to | <ul style="list-style-type: none"> - Excised women may suffer painful sexual intercourse (dyspareunia) because of scarring, narrow vaginal opening, |

| | | |
|---|---|--|
| <p>cutting the clitoral artery which has a strong flow and high pressure. Packing, tying or stitching to stop bleeding may not be effective and this can lead to hemorrhage.</p> <ul style="list-style-type: none"> - Acute urine retention can result from swelling and inflammation around the wound, the girl's fear of the pain of passing urine on the raw wound, or injury to the urethra. - Infection is very common as a result of unhygienic conditions; use of unsterilized instruments. - Difficulties in menstruation can occur as a result of partial or total occlusion of the vaginal opening. Such difficulties include dysmenorrhea and haematocolpos (accumulation of menstrual blood in the vagina). - Fistulae (holes or false passages) between the bladder and the vagina (vesico-vaginal) or between the rectum and vagina (recto-vaginal), can develop as a result of injury to the soft tissues during mutilation. - Problems in childbirth are common, particularly following severe forms of mutilation, because the tough scar tissue that forms causes partial or total occlusion of the vaginal opening. | <p>express the humiliation, inhibition and fear that have become part of their lives as a result of enduring genital mutilation.</p> <ul style="list-style-type: none"> - For some girls and women, the experience of genital mutilation and its effect on them psychologically are comparable to the experience of rape. - The experience of genital mutilation has been associated with a range of mental and psychosomatic disorders; such as sleepness,night mares, loss of appetite, panic attacks. - Girls who have not been excised may be socially stigmatized, rejected by their communities, and unable to marry locally, which may also cause psychological trauma. | <p>or obstruction of the vagina due to elongation of labia minora, and complications such as infection.</p> <ul style="list-style-type: none"> - Vaginal penetration for women with a tight introitus may be difficult or even impossible without tearing or re-cutting the scar. This may lead to loss of self-esteem and sexual dysfunction. - Vaginismus may result from injury to the vulval area and repeated vigorous sexual intercourse. - Inhibition of coitus because of fear of pain may damage the marital relationship and even lead to divorce |
|---|---|--|

Group Work: Community beliefs of why FGM is practiced

Through group work discussions, the participants presented the following beliefs/reasons of why FGM is practiced in their communities.

- ✓ FGM is a source of income for practitioners, therefore they will always keep to the traditions/society cultures through their personal interest.
- ✓ In FGM practising communities, it is believed that a woman's external genitalia are ugly and dirty, and will continue to grow ever bigger if they are not cut away. Removing these structures makes a girl hygienically clean
- ✓ Some communities believe that unless a girl's clitoris is removed, she will not become a mature woman.
- ✓ Some communities believe that removing the external genitalia is necessary to make a girl spiritually clean and is therefore required by religion.
- ✓ The unexcised girl is believed to have an overactive and uncontrollable sex drive so that she is likely to lose her virginity prematurely, to disgrace her family and damage her chances of marriage,
- ✓ It is also believed that the tight vaginal orifice of an infibulated woman, or a woman who has had chemicals placed in the vagina in order to narrow it, will enhance male sexual pleasure, in turn preventing divorce or unfaithfulness.
- ✓ Female genital mutilation is believed to ensure a girl's virginity. Virginity is a pre-requisite for marriage, which is necessary to maintain a family's honour and to secure the family line.
- ✓ In communities that practise FGM, girls are generally subjected to powerful social pressure from their peers and family members to undergo the procedure. They are threatened with rejection by the group or family if they do not follow tradition.

5.3 FGM from a religious perspective

A local Sheikh who was invited to discuss and talk to the participants about the relation of FGM to the Islamic religion said that the practice doesn't related to how the religion has described the procedure of female circumcision. The Sheikh discussed that according to the Islamic religion that every person has to be circumcised but in accordance with the religion not traditional practice

5.4 FGM and Human rights

Female genital mutilation is a human rights issue because the practice violates the rights of women and children. International human rights conventions oblige Member States of the United Nations to respect and ensure the protection and promotion of human rights, including the rights to non-discrimination, to integrity of the person, and to the highest attainable standard of physical and mental health.

The participants were introduced to international conventions and declarations relevant to FGM; that the conventions and declarations promote and protect the health of the child and the woman; some specifically provide for the elimination of FGM.

These Include:

- ✓ The Universal Declaration of Human Rights
- ✓ The International Covenant on Civil and Political Rights, and the International Covenant on Economic ,Social and Cultural Rights (1966)

- ✓ The Convention on the Elimination of All Forms of Discrimination against Women (1979).
- ✓ The Convention on the Rights of the Child (1990)
- ✓ The Declaration on Violence against Women (1993)

5.5 Advocating social change by promoting awareness

According to the nomadic tradition and the attitude of local communities, it has been difficult to change the common practice and advocate for the eradication since societies have used it for many years. Efforts to alter and eradicate the practice require the collective collaboration of the civil societies, local community members and the involvement of the traditional elders, women and advocates.

The most important strategies in advocacy are:

- ✓ Building coalitions with people, e.g. NGOs or institutions with similar interest.
- ✓ Effective use of mass media:
- ✓ Working with communities: Change will only occur when people who practice FGM are convinced of the need for the eliminating it.
- ✓ Building coalitions. Partnership with others active in the same field has several advantages. It allows for the sharing of experience and expertise, and the pooling of resources.

5.5.1 Communicating Behavior change

The participants were engaged in focus group discussion as the process of understanding about the FGM issues. During the focus group discussion, the participants listed down their views, understanding and made the following suggestions as appropriate way of addressing the FGM problems in Somalia.

- ✓ Present clear and appropriate information
- ✓ Create and maintain trusting relationships
- ✓ Find out about the practice of FGM
- ✓ Assess and decide on appropriate ways of communicating e.g. use media, magazines, newspapers
- ✓ Know your audience – this means identifying the target group e.g. individuals, family members, women or youth

5.5.2 Tips for Effective Communication

- ✓ What do you understand about FGM
- ✓ Understand about the participatory approach
- ✓ Participate in forums, focus group discussion and social work to promote awareness

Activity: Ranking values

The participants were engaged through the focus group discussion and rate the following actions that could be considered for prevention and understanding procedure by ticking between 1 and 12 based on their ideas.

| S/N | Action | Rank |
|-----|---|------|
| 1 | Working with the community to prevent FGM | 4 |
| 2 | Listening empathetically to clients who have undergone FGM | 2 |
| 3 | Creating good interpersonal relationship with clients with FGM. | 8 |
| 4 | Becoming emotionally involved with clients who have FGM complications | 1 |
| 5 | Teaching community about the need to eliminate FGM | 1 |
| 6 | Being honest in answering clients questions | 9 |
| 7 | Seeing that community acts on professionals advise | 7 |
| 8 | Helping to decrease a client's anxiety in relation to FGM complications | 9 |
| 9 | Making sure that community is involved in decision-making regarding FGM | 3 |
| 10 | Following legal mandates regarding the practice of FGM | 5 |
| 11 | Maintaining professional ethics all the time when dealing with clients who have undergone FGM | 9 |
| 12 | Being in the forefront of efforts to eliminate FGM. | 3 |

Group Work: Role of community groups and advocates eradicating FGM practice

| Community Groups | Government |
|--|---|
| Carry out mobilizations and awareness forums | Develop policies and plans to eliminate FGM |
| Act as agents of change in the community | Commit to develop laws |
| Religious leaders to preach in mosques about FGM | Sign and ratify international declaration which condemn FGM |
| Youth should stigmatize the practice and not marry FGM girls | Initiate and fund anti-FGM programmes |
| Youth groups to organize peer to peer education | Political leaders to advocate for laws and policies on FGM |
| Organize youth campaign forums in schools ,colleges e.t.c | Arrest and prosecute those who practice FGM |

6 Points Noted/Recommendations

- FGM caused the highest risk of health problems and it is a common practices in somalia community and will require mutual efforts from the community leaders and governments to eliminate.
- Increased awareness, social involvement, collective contribution and training is the essential to educate the societies and reduce the risk of FGM
- The is need for inter agency collaboration, funding to implement FGM awareness activities

- The local communities including women, traditional practitioners require continuous education and training programs
- Hold public forums in the districts gatherings advocating for the elimination of FGM
- The participants requested for more training and social involvement at all levels

7 Workshop Evaluation

After the end of the workshop, the participants were evaluated based on their understanding of topics covered during the three days workshop and the results were satisfactory. The participants appreciated the knowledge gained and expressed their willingness to promote social awareness and advocate for girls at risk of FGM practice.

8 Appendices

8.1 Workshop Timetable

| Date | Session 1 (8.30am – 10.00am) | | Session 2 (10.45am 12.00pm) | | Session 3 (2.30pm - 3.45pm) |
|---------------|---|--------|---|--------|--|
| 23/12/2015 | Registration Participant introduction FGM practice overview | B R | FGM practice in Somalia Facts on health problems associated. | L U | The role of the societies - Prevention and eradication procedure |
| 24/12/2015 | Awareness and Social mobilization History of the FGM Group work(common GBVs and socio cultural influence in the community) | E | FGM from traditional perspective | N | International procedures and national attitude Declarations, Conventions and code conduct |
| 25/26/12/2015 | Advocating & communicating for change in the community | A K | Discussion and evaluation | C H | Evaluate social attitude Action Plan Closing and remarks |

8.2 Participants Attendance Sheet

See separate attachment

8.3 Evaluation Questionnaire

The table below shows evaluations done at the end of the training to measure the training content, presentation and facilitation of the course.

1. In your opinion, was this workshop helpful?
2. What are the most important information about FGM have you learnt?
3. What were the most interesting topics in the workshop?
4. Did the workshop change your beliefs, values and attitudes towards FGM..... Yes.....No.....
5. How would you rate the presentation and facilitation of this workshop.....Poor....Good.....Excellent....
6. Any other comment?

8.4 Action Plan

| Day | Venue | Target Audience |
|-----------|---------------------------------|---------------------------------------|
| Monday | Participant involvement | Family members (men, women and girls) |
| Wednesday | Home visit | Mothers and children |
| Thursday | Social awareness | All community members involved |
| Friday | Meeting traditional practioners | Practitioners |
| Sunday | School visi | Teachers and student awareness |

8.5 Photo

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